## **PAM THORP**

SUTTON COUNTY & DISTRICT CLERK 300 E. OAK, SUITE 3 SONORA, TX 76950



PH: 325-387-3815 <u>www.co.sutton.tx.us</u> <u>county.district\_clerk@co.sutton.tx.us</u>

# PLAT RECORD REQUEST/SEARCH FORM

- Copies are \$10.00 per plat record. If the document is to be faxed or emailed, an additional \$1.00 per page is applied.
- Payments are to be made by cash, check, money order or credit card. Credit card charges are subject to a 2.85% transaction fee of the total amount charged with a \$1.00 minimum.
- Fully complete the request form and return to the Sutton County & District Clerk using the information above. **Searches will not be performed if the form is incomplete**. A Certificate of Search will be provided for search results.
- Please allow up to 5 business days for your request to be completed. However, normal completion time is 1-2 days.

### **PLAT INFORMATION**

Name: Date:  Mailing Address: Street Address City State Zip							
#*If you do not know the slide number of the plat you are requesting, this office must perform a search. There is a \$10.00 fee payable BEFORE the record search will be done.  Property Name/Title: (One Name Per Form):  Property Legal Description:    APPLICANT INFORMATION (type or print clearly)	Slide number:	☐ Mail the record (no additional fee)					
There is a \$10.00 fee payable BEFORE the record search will be done.  Property Name/Title: (One Name Per Form):  Property Legal Description:  APPLICANT INFORMATION (type or print clearly)  Name: Date:  Mailing Address:  Street Address City State Zip	Shac hamber.	wan the record (no additional rec)					
There is a \$10.00 fee payable BEFORE the record search will be done.  Property Name/Title: (One Name Per Form):  Property Legal Description:  APPLICANT INFORMATION (type or print clearly)  Name: Date:  Mailing Address:  Street Address City State Zip	**If you do not k	now the slide number of				•	
Property Name/Title: (One Name Per Form):  Property Legal Description:  APPLICANT INFORMATION (type or print clearly)  Name:  Mailing Address:  Street Address  City  State  Plat Recorded Date or Range of Dates  Dates  Street Address	,						
APPLICANT INFORMATION (type or print clearly)  Name: Date:  Mailing Address: Street Address City State Zip	Property Name/Title:	,					
APPLICANT INFORMATION (type or print clearly)  Name: Date:  Mailing Address: Street Address City State Zip							
Name: Date:  Mailing Address: Street Address City State Zip	Property Legal Descrip	tion:					
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Fax Number:  If requesting records be delivered by fax.		e delivered by fax.					
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#### **CREDIT CARD INFORMATION**

### \*\*\*CREDIT CARD INFORMATION WILL BE REDACTED FROM THIS FORM UPON CONFIRMATION OF PAYMENT\*\*\*

Card Typeselect one:	VISA	Master Card	Discover	AmEx	
Card Number:					
Security Code			Expiration Date:		
3 Digit Number on Back of	Card:				
Full Name					
As Appears On Card:					
Billing Address:			Billing Zip Code:		